

VOLUNTEER ACTIVITIES FORM

Volunteer Name:

Report for month of:

Volunteer Activities

Case #	# of children	Date children Were seen	Type of Activity (see Codes below)	Type of contact (see codes below)	Time spent (to _ hour)	Miles driven

Activity Codes

1 Attended foster care review	6 Child contacted out of court	11 Wrote reports
2 Attended hearing	7 Collaterals contact	12 Other
3 Attended social service review	8 Foster parents contacted	
4 Biological parents contacted	9 Relatives contacted	
5 GAL Case Coordinator contacted	10 Traveled	

Contact Codes

1 Face-to-face	2 E-mail	3 Phone	4 Written	5 Other	
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Notes: